Making CLAS Happen

Six Areas for Action

A Guide to Providing *Culturally* and *Linguistically Appropriate Services (CLAS)* in a Variety of Public Health Settings

Massachusetts Department of Public Health—Office of Health Equity

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Caring Health Center
Great Brook Valley Health Center
Heywood Hospital
Independence House
Lynn Community Health Center
Martha's Vineyard Community Services
Mystic Valley Elder Services
Old Colony Elder Services
Tapestry Health
Tufts Medical Center
Womansplace Crisis Center

Introduction

This manual was designed in response to the growing needs of diverse communities in our state. Our goal is to help agencies increase their ability to meet the needs of culturally, racially and linguistically diverse clients. In so doing, organizations will see a number of benefits, including: improving client health and satisfaction; increasing feelings of competency among staff; becoming more marketable for grants and contracts; reducing costs and preparing to meet federal and state requirements.

The Massachusetts population is constantly changing. U.S. Census data indicate the growing racial and linguistic diversity of Massachusetts residents. As a public health provider, you have likely seen this firsthand—in the faces and needs of the clients you serve every day.

The way we approach and understand health is as variable as our cultural backgrounds and the languages we speak. In this changing tapestry, one size does not fit all. With increasing diversity comes the need to make health services accessible to people with different backgrounds, needs and expectations.

This is increasingly apparent in the Commonwealth. Data show that, though Massachusetts ranks among the best performing states in the nation for many health indicators, racially and ethnically diverse groups have far worse health than other Massachusetts residents. [i]

As public health professionals, it is our duty to bridge this gap. We must take action to ensure that all have access to health services—regardless of race, ethnicity or language.

Federal and state entities have issued a number of guidelines to this end. Primary among them are the Culturally and Linguistically Appropriate Services (CLAS) standards, issued in 2001 by the U.S. Department of Health and Human Services Office of Minority Health.

The CLAS standards outline guidelines on culturally competent service delivery.

The CLAS standards:

- contribute to the elimination of racial and ethnic health disparities;
- make services more responsive to the individual needs of clients; and
- are inclusive of all cultures, while specifically designed to address the needs of racial, ethnic, and linguistic minority groups.

The Massachusetts Department of Public Health (MDPH) is committed to implementing these standards, both internally and through its contracted agencies. Making CLAS Happen: Six Areas for Action aims to guide public health agencies of all sizes as they put CLAS standards into action.

MDPH has spoken with public health professionals in the state to identify challenges and needs arising from serving diverse populations. The content and tools of this manual are matched to those needs. Whether you are employed at a large agency, a data processing site, a laboratory, or a small community agency, this manual is for you.

i Massachusetts Department of Public Health. 2007. Racial and Ethnic Health Disparities by EOHHS Regions in Massachusetts. Viewed July 29, 2008 (http://www.mass.gov/Eeohhs2/docs/dph/research_epi/disparity_report.pdf).

Culturally and Linguistically Appropriate Services (CLAS) Standards

Standard 1
Health care organizations should ensure that patients receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

In other words:

- Treat clients with respect.
- Offer care clients can understand.
- Offer care consistent with clients' beliefs, culture and language.

Standard 2
Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

In other words:

- Staff and leadership reflect the racial, ethnic and language backgrounds of populations served.
- Use recruitment, retention and promotion strategies that enhance diversity.

Standard 3
Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

In other words:

- Offer ongoing training on culturally and linguistically appropriate service delivery.

Standard 4
Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner, during all hours of operation.

In other words:

- Provide timely, effective language assistance services (interpretation) to clients who have limited English proficiency (LEP).

Standard 5
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

In other words:

- Inform Limited English Proficiency (LEP) patients verbally and in writing of their right to an interpreter at no cost.

Standard 6
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

In other words:

- Train bilingual staff and interpreters in interpretation.
- Don't use friends and family as interpreters, except as requested by the client (after being informed of the risks in their use).

Standard 7
Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

In other words:

- Place signs in key locations informing clients of their right to an interpreter.
- Offer printed materials in the primary languages of service areas.

Standard 8
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

In other words:

- Develop and implement written strategic plans on providing culturally and linguistically appropriate services.

Standard 9
Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

In other words:

- Conduct ongoing self-assessments on providing culturally and linguistically appropriate services.
- Implement measures to assess change and capacity.
- Integrate CLAS evaluation into internal performance evaluations.

Standard 10
Health care organizations should ensure that data on the individual consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

In other words:

- Collect data on client race, ethnicity and language.
- Integrate race, ethnicity and language data into electronic systems.
- Update data periodically.

Standard 11
Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

In other words:

- Conduct needs assessments that identify needs of populations suffering health disparities.
- Make current demographic, cultural, and epidemiological profiles available to staff and community.

Standard 12
Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

In other words:

- Collaborate with community partners to ensure client participation at all levels.

Standard 13
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.

In other words:

- Implement grievance procedures that are culturally and linguistically appropriate
- Identify and resolve cross-cultural conflicts or complaints.

Standard 14
Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

In other words:

- Share information about cultural competence programs with the public.
- Provide public notice to communities about available information.

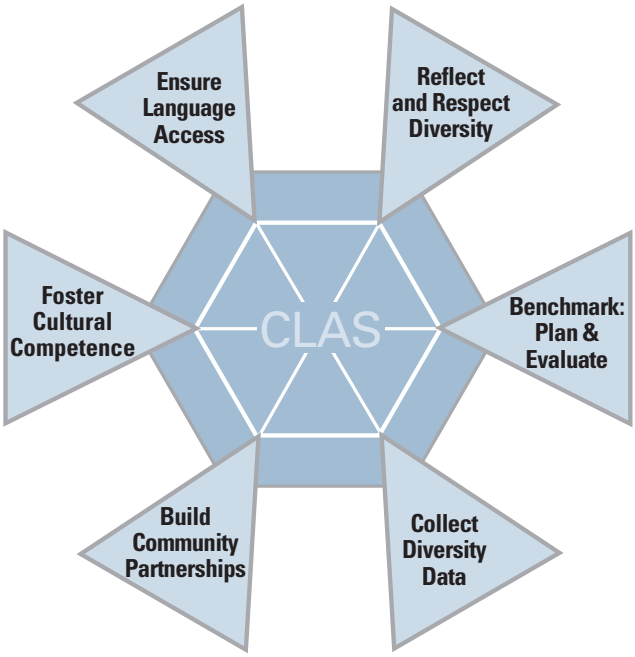
MAKING CLAS HAPPEN

Six Areas for Action

This manual aims to offer a comprehensive and organized approach to make culturally and linguistically appropriate services (CLAS) "happen" in your organization. Clear guidelines, tools and references can enable agencies to move toward cultural competence.

In this manual, the Culturally and Linguistically Appropriate Services Standards are grouped into six areas for action. These six areas (outlined below) offer a model for developing a strategic cultural competence plan.

Though chapters are presented in a certain order, this manual is designed to be used as a hands-on reference guide. Users can begin with any chapter, according to their needs. As the pinwheel model suggests, cultural competence is an ongoing process—there is no single place to start. The *Questions and Answers* chart and chapter guides can be helpful starting points to quickly find the content and tools your agency needs.



Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data
Standards 1, 3	Standards 12, 14	Standards 10, 11, 14

Benchmark: Plan and Evaluate	Reflect and Respect Diversity	Ensure Language Access
Standards 8, 9	Standards 2, 13	Standards 4, 5, 6, 7

Making the Best Use of this Manual

To quickly find information, look for the following common elements, and their icons, in each chapter:

Laws
State and federal laws and guidelines for culturally competent services

Tools
Templates, helpful links and resources; found at the end of each chapter

Guide
A step-by-step approach to improving cultural competence in each area of action

Budget
Strategies to meet growing CLAS requirements with limited resources

Checklist
Suggested ways to meet CLAS-related Request for Response (RFR) and contract requirements

Field Lessons
Ideas and best practices in culturally competent services from Massachusetts public health professionals

Case Studies
Highlights of practical applications of CLAS standards by Massachusetts agencies

Questions and Answers chart

To help users quickly find information, this chart links Frequently Asked Questions to specific tools and content.

Appendices A, B and C

Appendix A provides valuable guidance for responding to MDPH Requests for Response (RFR); Appendix B offers an overview of laws governing CLAS guidelines; and Appendix C offers guidelines for accessible print documents.

CLAS: Questions and Answers

This chart sums up common questions about culturally and linguistically appropriate services. Questions are matched with content and tools found in this guidance manual.

Questions	Where to Find Answers
Awareness/Understanding of CLAS	
How can I increase awareness of CLAS and the need for culturally competent services?	■ Chapter 1: Step 1 (p. 4)
How can I address lack of interest and awareness of CLAS at the management and staff level?	■ Chapter 1: Step 4 (p. 9) ■ Chapter 1: Getting Senior Management on Board (p. 6) ■ Chapter 5: Field Lessons: Diverse Boards (p. 113) ■ Why CLAS? (p. xi)
Increasing Cultural Competence	
CLAS is new to our organization. How do we get started?	■ Chapter 1: Foster Cultural Competence (p. 1) ■ Tool 1.1: Getting Started with CLAS (p. 17) ■ Tool 1.6: Cultural Competence Resources (p. 23) ■ Field Lessons ■ Case Studies
What are some general ways to offer culturally appropriate services to new populations?	■ Case Study 1 (p. 12) ■ Tool 1.2: Respectful Care (p. 18) ■ Tool 1.3: Improving Access (p. 19)
How can I meet CLAS requirements on a limited budget?	■ CLAS on a Budget (p. 8) ■ Chapter 2: Seeking Joint Funding (p. 33) ■ Tools (templates, free/low cost resources)

Questions	Where to Find Answers
Increasing Cultural Competence (cont.)	
How can I keep track of CLAS requirements in contracts and RFRs?	■ Checklists (pp. 14, 41, 70, 99, 125, 155) ■ Appendix A: Cultural and Linguistic Competence Guidelines (p. 175)
What topics should I cover in cultural competence training?	■ Chapter 1: Step 4 (p. 9) ■ Tool 1.4: Key Cultural Competence Skills (p. 20) ■ Tool 1.5: Topics for Cultural Competency Training (p. 22)
Where do I find cultural competence training materials and resources?	■ Tool 1.7: Cultural Competence Training Resources (p. 27)
Collaborating with Community Partners	
How do I increase community participation?	■ Chapter 2: Step 3 (p. 35) ■ Tool 2.1: Attracting Clients from Diverse Populations (p. 44)
Where can I find ideas and resources to build strong partnerships?	■ Chapter 2: Step 1 (p. 32) ■ Chapter 2: Community Health Network Associations (p. 32) ■ Case Study 2 (p. 39)
Data Collection	
How can we make sure data is collected regularly and efficiently?	■ Chapter 3: Step 2 (p. 59) ■ Case Study 3 (p. 68) ■ Tool 3.1: Explaining the Data Collection Process (p. 73)
How do we anticipate demographic trends? What sources can we use to identify new populations?	■ Chapter 3: Step 1 (p. 58) ■ Tool 3.4: REL Data Sources (p. 80)
Is there any guidance around the kinds of data we should be collecting?	■ Chapter 3: Step 2 (p. 59) ■ Tool 3.2: MDPH Detailed Ethnicity Categories (p. 76) ■ Tool 3.3: MDPH REL Preferred Data Collection Instrument (p. 79)
We need to update data collection systems. Are there any low-cost training opportunities, services or resources to help?	■ Tool 3.5: Low-Cost Data Collection Tools (p. 82)

Questions	Where to Find Answers
Benchmarking	
Where can I learn more about MDPH's goals and objectives for addressing health disparities?	■ Chapter 4: Vision. Mission. Values (p. 90)
Is there a guide to developing a cultural competence mission and strategic plan?	■ Tool 4.1: Developing a Cultural Competence Mission (p. 102) ■ Tool 4.2: Cultural Competence Planning Worksheet (p. 103)
Where do I learn more about using performance measures and best practices to improve programs for racially and ethnically diverse clients?	■ Chapter 4: Benchmarking (p. 85) ■ CLAS Checklists (pp. 14, 41, 70, 99, 125, 155) ■ Field Lessons (for best practices)
How do I identify cultural barriers and conduct service needs assessments?	■ Chapter 4: Step 2 (p. 89) ■ Tool 4.3: Planning and Assessment Tools (p. 107)
Reflecting and Respecting Diversity	
What strategies and resources can our agency use to diversify its board of directors?	■ Chapter 5: Diversifying Leadership (p. 113) ■ Tool 5.6: Leadership and Diversity Resources (p. 139)
Retaining diverse staff is a challenge in public health settings. What can I do to attract and retain qualified multicultural, multilingual staff?	■ Chapter 5: Step 3 (p. 117) ■ Case Study 5 (p. 123)
How can I incorporate culturally sensitive elements into our grievance policy?	■ Chapter 5: Step 4 (p. 119) ■ Tool 5.4: Sample Grievance Protocol (p. 135) ■ Tool 5.5: Sample Grievance Policy and Forms (p. 136)
Language Access: Interpreting and Translation	
How do I meet interpreting/ translation competency requirements?	■ Chapter 6: Ensure Language Access (p. 140) ■ Tool 6.1: Elements of Successful Language Access Programs (p. 158) ■ Tool 6.2: Interpreter Competencies and Screening Questions (p. 159)
How can we develop materials in other languages with limited resources?	■ Tool 6.5: Language Access Resources (p. 165) ■ Case Study 6 (p. 153)
What materials should agencies translate?	■ Chapter 6: What materials should we translate? (p. 148)

Why CLAS?

Preparing for Diversity Makes Sense

The Culturally and Linguistically Competent Services (CLAS) standards were developed to provide guidance on how to improve service delivery to clients who may not have sufficient access to care based on race, ethnicity, linguistic capacity or cultural background. And while the ultimate goal is to benefit the client, there are also great benefits for your organization.

CLAS makes sense—from a service perspective, a financial perspective and a legal perspective. The following summary shows how CLAS can benefit your organization and your clients.

Have Healthier, More Satisfied Clients

By offering services that engage clients from racially, ethnically and linguistically diverse backgrounds, you can improve both their health and satisfaction levels. Clients who feel understood and see positive changes in their health may be more satisfied, better prepared to follow up, and more likely to use your services again.

Delivering culturally competent services can improve client care and satisfaction by:

- **Increasing communication through cultural awareness.** Improved communication between health professionals and clients is linked to more efficient treatment and better client care.[1] Understanding cultural beliefs can significantly improve communication.[2]
- **Reflecting cultural backgrounds.** According to one study, when health professionals and patients share the same racial or ethnic background, patient satisfaction and self-rated quality of care are higher.[3]
- **Improving client understanding and consent.** Health providers who understand the culture and language of their clients are better able to gauge the client's understanding of treatment plans and obtain informed consent for treatment.[4]
- **Providing improved primary and preventive care.**[5] Shorter treatment times can result in higher client adherence to treatment plans.[6]

Increase Competency and Satisfaction Levels of Staff

Training staff in cultural competence can not only increase their cultural competence, it can also increase their overall skill level. As this occurs, your organization will be better prepared to respond to the range of all clients represented. Further, as staff become more competent, their satisfaction levels also tend to increase.

Improve Business

Offering culturally and linguistically appropriate services can result in a number of economic benefits, such as cost savings, higher employee morale and retention, client loyalty and retention, and an increased market share.

Cost savings

Adopting culturally competent care plans can help save money by:

- **Using funds efficiently.** Keeping track of population data and needs can help you use funds for real (rather than assumed) needs.
- **Reducing errors[7] and decreasing costs.[8]** Offering effective care can help you avoid lower adherence to therapies, poorer health outcomes, and unnecessary diagnostic services.[9] Tailoring services to client needs and ensuring accurate information is collected can also result in cost savings.
- **Improving the effectiveness of treatment plans and creating more timely recovery.** Language barriers can cause treatments to take 25-50% longer for limited English proficient patients.[10]
- **Avoiding legal and regulatory risks.** Complying with CLAS can help agencies avoid lawsuits related to inadequate informed consent and violations of federal laws (e.g., MCAD lawsuits, Title VI and the Americans with Disabilities Act).

Higher employee morale and retention

Culturally competent workplaces tend to be environments where employees feel comfortable. Adopting a strong vision can increase workforce unity and strengthen leadership.[11] A commitment to offer advancement opportunities and training to diverse employees can also result in higher employee retention.

Improved client loyalty and retention[12]
Because clients seek treatment where they feel understood and comfortable, adapting services to their cultural context makes economic sense.

Increased market share
Higher client satisfaction can lead to word-of-mouth referrals. Clients who have a good experience with your services are likely to recommend your agency to others in their community.

Make Your Agency More Marketable when Responding to RFRs

As part of an ongoing effort to implement CLAS standards in Massachusetts, applicants responding to the Massachusetts Department of Public Health's (MDPH) Requests for Response (RFRs) are asked to assess their agencies' abilities to implement the CLAS standards.

The RFRs specifically state that, "Providers will be required to cooperate with [the implementation of CLAS standards]. Such cooperation may include the submission of data relative to the CLAS standards and the implementation of CLAS-related performance requirements."

The RFR also includes a standard CLAS-related question. Bidders are asked to describe their client population and strategies used to ensure the delivery of culturally competent and linguistically appropriate services.

Most RFRs award points for an agency's plan to serve diverse clients. Any documented efforts of providing culturally competent services can help you win points. Outreach in the community, contracting minority- or women-owned vendors, offering interpreter services, or collecting data about clients' ethnic backgrounds are a few of many activities that can give you an advantage in winning MDPH contracts.

As you make cultural competence part of the way you deliver services, you will be better prepared with documented proof of your CLAS efforts for RFR responses and contracts.

It's The Law

Comply With Federal Anti-Discrimination Law Title VI

Title VI of the Civil Rights Act of 1964[*] prohibits any program receiving federal financial assistance[†] from discriminating on the basis of race, color or national origin (now also interpreted to include discrimination on the basis of limited English proficiency).[13] On a practical level, this requires that agencies receiving federal funding take measures to ensure their services are accessible. Guidelines to accomplish this are outlined in the CLAS standards.

Protect Your Organization from Liability

Abiding by the CLAS standards not only helps you better serve your clients, it can also protect your agency from discrimination suits.

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* *Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, et seq. ("Title VI"). "No person in the United States shall, in the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

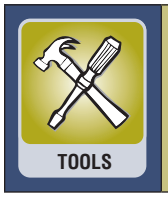
† *Includes organizations providing services to Medicare, Medicaid and State Children's Health Insurance Program (SCHIP) enrollees. Ethical Force Consensus Report, American Medical Association. Also includes most Department of Public Health vendors and grantees, as many of the grants provided through DPH are redistributions of block grants provided by the federal government.*

‡ *See Office of Civil Rights Guidance, pages 52762 and 52767.*

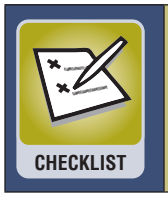
ƒ *M.G.L.A. 272 § 98: "Whoever makes any distinction, discrimination or restriction on account of race, color, religious creed, national origin, sex, sexual orientation…or any physical or mental disability or ancestry relative to the admission of any person to, or his treatment in any place of public accommodation…shall be punished by a fine of not more than twenty-five hundred dollars or by imprisonment for not more than one year, or both…All persons shall have the right to the full and equal accommodations, advantages, facilities and privileges of any place of public accommodation…subject only to the conditions and limitations established by law and applicable to all persons. This right is recognized and declared to be a civil right."*

** *M.G.L.A. 272 § 92A: "…A place of public accommodation…within the meaning hereof shall be defined as and shall be deemed to include any place, whether licensed or unlicensed, which is open to and accepts or solicits the patronage of the general public and, without limiting the generality of this definition, whether or not it be…a hospital, dispensary or clinic operating for profit…"*

†† *"The development and maintenance of a periodically updated written plan on language access for limited English proficient persons for use by a recipient's employees who serve or interact with the public could be an appropriate and cost-effective means of documenting compliance with Title VI and providing a framework for the provision of timely and reasonable language assistance."*



See Appendix A: Responding to MDPH RFRS: Cultural and Linguistic Competence Guidelines.



See the **CLAS Checklists** at the end of each chapter.

Sincere efforts to meet the CLAS standards can offer a "safe harbor" from Title VI discrimination claims.[‡]

Individuals have the right to file their own lawsuits against your agency, which is called the "private right of action" under Title VI. By applying the CLAS standards to your agency's policies, you may protect your agency from complaints by clients who feel unwelcome or misunderstood.

The Massachusetts Commission Against Discrimination (MCAD) is the state agency responsible for enforcing state civil rights law for the Commonwealth. Areas covered include employment, education, housing, lending, and public accommodations.

Public accommodations law is another area in which the CLAS standards are supported on the state level. Massachusetts laws outline the civil right of individuals to the "full and equal accommodations, advantages, facilities and privileges" available in places of public accommodation.[ƒ]

Health care providers are considered public accommodations.[**] This includes hospitals, clinics, treatment centers, or other health and human service providers such as those funded by MDPH, substance abuse, rape crisis centers, mammography centers, WIC offices, etc.

Protect Your Agency's Federal Funding

The U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) investigates claims of discrimination against federally funded programs. When OCR determines that programs are intentionally discriminating, it has the power to order the removal of federal funding from such programs. It also has the power to move cases of intentional discrimination into the courts.

The OCR has issued guidance that explains the benefit of policies that address the needs of limited English proficient clients. These policies are covered under CLAS Standards 4-7.[††]

See:
Appendix B: Overview of Laws and Guidelines for more about laws governing the CLAS standards.

Ensure Continued State Funding: Keep Your Agency Attentive to the State's Agenda

Consistent with federal policy, in 2007 Governor Patrick released two Executive Orders providing state-level support for cultural competence, *Executive Order no. 478: Order Regarding Non-Discrimination, Diversity, Equal Opportunity and Affirmative Action* (2007) and *Executive Order no. 503: Integrating Immigrants and Refugees into the Commonwealth* (2008). Together they reiterate the state's commitment to decreasing disparities based on race, ethnicity, national origin, limited English proficiency, and citizenship status. These executive orders apply to any program that receives state funding.

CLAS Makes Sense

A number of compelling reasons exist for your agency to make culturally and linguistically appropriate services (CLAS) standards part of they way you do business. It makes sense for your organization, your employees and your clients. As you commit to serving people with different racial, ethnic and linguistic backgrounds, you will:

- have healthier, more satisfied clients;
- increase staff competency and satisfaction;
- improve business;
- become more marketable when responding to RFRs;
- comply with anti-discrimination laws;
- protect your organization from liability;
- protect your federal funding; and
- improve your ability to secure funding.

"Why CLAS?" References

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